TAB

Approved For Release 2002/07/01 : CIA-RDP78-06180A000100070005-5

Information is not readily available within OMS on the time taken by the Selection Support Branch and the Selection Processing Center to process applicants, and there is no central monitoring of these separate operations. We believe that up-to-date information on applicant processing is needed by management to evaluate its performance. We also believe that constant monitoring of the operation is necessary to prevent delays.

The efficiency of applicant processing and the other medical functions performed in the Ames Building facilities would be greatly improved if the existing clinical and psychiatric units were reorganized as branches in a Selection Processing Division. The chief of this division should be given authority for reviewing disqualifications, both medical and psychiatric, and forwarding them to the D/MS without further review by the Chief of the Psychiatric Staff, Chief of the Clinical Division, and the Special Assistant for Clinical Activities. Existing provisions would remain in effect for referring appropriate cases to the Applicant Review Panel.

It is recommended that: No. 6

The Director of Medical Services:

a. Establish a Selection Processing Division to consist of the existing Selection Support Branch and the Selection Processing Center, each of which to be designated as separate branches (Psychiatric Screening Branch and Clinical Activities Branch, respectively) within the division;

b. Designate the chief of this division to be responsible for all OMS applicant screening; and

c. Eliminate from the normal review of applicant disqualifications the Chief of the Psychiatric Staff, the Chief of the Clinical Division, and the Special Assistant for Clinical Activities.

HEADQUARTERS MEDICAL SERVICES

The Clinical Division and the Psychiatric Staff are the two components primarily responsible for providing headquarters medical services to promote and maintain the health and emotional stability of Agency employees. This survey finds that these two components have been successful in developing a program which is sound, progressive, and responsive to the specialized needs of the Agency.

The D/MS is acutely aware of the necessity to examine continually the standards and criteria which are used to evaluate employees of this Agency. He has just completed a major survey in this field. Emotional stability is the common denominator in arriving at standards for Agency employment. The requirements of security make this imperative. Beyond this, in many cases, must be added the ability, both psychological and physical, to hold up under pressure, accept risks, and adjust to overseas assignments. As medical standards are only guides, subject to change as data and knowledge from experience accumulate, D/MS has developed technical criteria supporting the standards with a wide latitude of discretion and judgment on the part of the professional personnel in OMS.

Depending on the nature of the case, an individual may be called in for a physical examination, or OMS may simply review its files in order to respond to a request for evaluation. Regulations prescribe evaluations (and in certain cases examinations) to meet the following circumstances:

a. Assignment overseas
b. Return from overseas duty
c. Return to duty after extended sick leave
d. Assignment to standby status for TDY overseas
e. Assignment to paramilitary or other arduous types of training

Regulations also provide for the annual examination of senior officers, the screening of applicants for medical retirement, fitness-for-duty examinations, and periodic examinations of individuals who have requested or who require such examinations.

Some type of personnel decision usually hangs on the outcome of the medical evaluation. Although procedures for securing waivers of medical standards are given in regulations, there is little inclination on the part of operating officials to ask for exceptions.

The Chief, Clinical Division, and the Chief, Psychiatric Staff, acting together, are allowed to issue a clean bill of health. When their findings are negative they must go through the Special Assistant for Clinical Activities and the DD/MS to the D/MS for final decision. We believe the efficiency of this operation would be increased if these two components were incorporated organizationally in a Medical Services Division. Existing manpower is available to permit this reorganization.

With the formation of a Medical Services Division and the assignment of the responsibility for applicant screening to the Selection Processing Division there would no longer be a need for a Special Assistant for Clinical Activities. His present duties would be performed by the chiefs of these two divisions.

It is recommended that: No. 7

The Director of Medical Services:

a. Establish a Medical Services Division to consist of the existing Psychiatric Staff and Clinical Division, each of which is to be designated as a separate branch within the division; and

b. Eliminate the position of Special Assistant for Clinical Activities.

Chiefs of support in operating elements throughout the Agency were interviewed during the course of this survey. They said that their principal complaint about the evaluation process is that information on the results of medical evaluations is long withheld and in some cases never becomes available. This causes a most awkward situation, embarrassing to management and to the individual concerned.

We believe that we understand the complexity of this problem, involving as it does the doctor-patient relationship. We are also aware that D/MS has discussed specific cases with the responsible officials of the Agency on many occasions. However, there have been cases which have hung fire for many weeks while OMS has endeavored to arrive at a conclusive finding. It is in such cases that interim guidance to the manager responsible for the individual would be of great help.

It is recommended that: No. 8

The Director of Medical Services establish more effective procedures for providing timely medical guidance on employees to Agency officials for management purposes, it being understood that in certain cases this will of necessity be less than definitive.

Executive Annual Examination

There is no doubt about the importance of the Executive Annual Examination as a technique for preserving the health, vigor, and effectiveness of senior personnel. It is conducted efficiently, is thorough, and the results are presented to the individual concerned in a balanced, thoughtful way. There are, however, two faults in this procedure. Those individuals who wish to avoid taking the examination manage to do so for long periods of time. Secondly, the Agency has no way of finding out whether the recommendations made as a result of the examination have been followed. The first fault can be corrected insofar as necessary by providing the chiefs of operating elements of the Agency with the names of those individuals who have not been examined for two years. As to the second fault, the U.S. Public Health Service recommends that unit health nurses make contact with employees to ensure that the examining physician's recommendations are followed. While we do not recommend that this responsibility be vested in the Nursing Branch, we do believe that systematic monitoring of important recommendations can and should be undertaken by OMS.

It is recommended that: No. 9

The Director of Medical Services:

a. Provide chiefs of operating components names of individuals who have not been examined for two years; and

b. Develop procedures to follow up and maintain contact with each employee until the degree of action taken by the employee has satisfied the firm medical recommendations made by the doctor during the Executive Annual Examination.

Fitness-for-Duty Evaluations

These evaluations, which involve physical and psychiatric examination, are undertaken at the request of the individual's component chief. Operating officials frequently refer cases of malingering, alcoholism, inattention to duty, and the like, to the OMS for evaluation because they believe that a basic physical or psychological weakness may be responsible for the employees' behavior. Sometimes this is the first step in moving in the direction of a medical disability retirement or the determination that the employee is capable of only certain types of limited service. Such cases, however, are rare.

More commonplace is the case of the individual who is referred for Fitness-for-Duty Evaluation and found not to be physically or mentally ill, even though something is manifestly wrong. This type of case is complex in nature, involving disorientation, failure on the part of the individual to fit in with the group, or lack of motivation. A considerable amount of time is devoted by OMS to the evaluation of such employees. The results, seen from the point of view of both the operating official and of OMS, usually are inconclusive. These cases can best be characterized as suitability cases and, as such, they should be resolved by administrative determination. D/MS, in a paper entitled "A Proposal for the Combined Administrative/ Medical Handling of Certain Problem Cases", has suggested that a board for handling such cases be established and that its findings, in the cases of unsuitability, be submitted to the DCI. We concur with this proposal.

Medical Disability Retirement Evaluations

Records indicate that each month there are from two to seven applications for medical disability retirement submitted by Agency employees which require internal processing before they are forwarded to the Civil Service Commission Retirement Board.

The processing time in the Commission averages from 10 to 15 work days; the processing time in the Agency runs considerably longer than this. As of November 1967 there had been 19 employees who had been retired for medical disability under the Agency's program. Statistics indicate that the processing time for these applications averaged three months. The aging population in the Agency will result in an increasing number of applicants for medical disability retirement. With an increased flow and relatively slow handling, the number of cases in process will inevitably mount. Those responsible for the processing of these applications expressed the belief that the procedures could be simplified.

No. 10

It is recommended that:

The Director of Medical Services and the Director of Personnel take steps to reduce substantially the amount of time required for processing applications for medical disability retirement.

Committee on Alcoholism

Since 1965 OMS has had a Committee on Alcoholism, chaired by the Chief of the Psychiatric Staff. The Committee has been briefed by experts on alcoholism from business and government organizations.

The D/MS, on the basis of existing data, believes that the incidence of alcoholism in the Agency is increasing. In June 1968 he was considering recommending that the Agency establish within OMS a program on alcoholism to provide information and assistance to employees and supervisors. We believe that such a program is needed.

Relations with the Office of Personnel

Employee emergencies resulting from injury or illness, both at headquarters and overseas, are very often brought to the attention of OMS by the individual concerned or his component. In most of these cases it is a matter of vital importance that the Office of Personnel also be notified. We are informed that quite frequently this is not done promptly, if at all. The welfare of our staff and certainly the reputation of the Agency among its personnel depend in no small measure on a close working relationship between OMS and the Office of Personnel in handling such cases. We are persuaded the breakdown in communications is unintentional and is normally the result of a preoccupation on the part of OMS with the medical aspects of the case at hand. Nonetheless, every effort should be made to avoid such breakdowns in the future.

It is recommended that: No. 11

The Deputy Director for Support develop effective procedures for keeping the Office of Personnel informed concerning employees who have been injured, who are ill, or who have died, as well as employees and dependents who are medically evacuated from overseas.

SUPPORT ACTIVITIES

Overseas Support

The Agency overseas medical program, managed by the Field Support Staff from headquarters, conserves the health of Agency personnel by ensuring that they have access to the best medical care available. This program is well managed and effective.

25X1A

Each regional doctor is familiar with general health factors in his area. He must understand specific medical problems of Agency personnel and dependents, and have detailed knowledge of both indigenous and U.S. medical installations and physicians.

25X9 The [ ] doctors serving in [ ] 25X1A
25X1A are primarily station doctors, but are on call in the general area. They are in countries with large concentrations of Agency personnel where medical facilities are generally poor.

25X1A Current BALPA planning calls for the removal of the doctors from [ ] whose areas of responsibility are the Middle East and South Asia. D/MS has received permission to add a doctor to headquarters to provide some degree of medical support in the Middle East. The Clandestine Services

25X1A

as well as OMS believe that a doctor [redacted] is needed to maintain the health of Agency personnel in South Asia. We concur in this need and believe that the Agency should endeavor to hold this position.

Early in 1968 D/MS informed his staff that no employee will be granted approval for continued overseas service unless he has been examined at headquarters or by an Agency doctor in the field within the previous three years. We agree with this policy because there have been many instances, particularly among communications technicians, of employees moving from one post to another and serving overseas for long periods without being seen by our doctors. They are able to satisfy the present requirement for examination by submitting to a cursory, and not necessarily reliable, [redacted] examination. There are also senior Agency personnel who have served on extended tours overseas without checking in with OMS during home leave or TDY at headquarters. We believe that the position taken by D/MS in this matter is of such importance that it should be reflected in regulations.

25X1

It is recommended that: No. 12

25X1A

The Deputy Director for Support amend [redacted] to require that employees must have had a medical examination by an Agency doctor within the past three years before receiving approval for continuous overseas service.

Medical evaluations and immunizations of dependents scheduled to accompany Agency personnel on field assignments are performed by the Ames Building medical facility. In CY 1967, over [redacted] dependents were examined and [redacted] immunizations given.

25X9

25X9

Dependents are evaluated by a review of the dependent's "Report of Medical History." The evaluation includes a physical examination when there is doubt as to the health of the dependent, when the employee so requests, or when the climate or health

conditions in the overseas area are such as to make physical fitness particularly important. All dependents of employees [redacted] must have physicals. 25X1C

OMS does not have standards for determining which areas of the world, because of climatic or health conditions, require a physical examination of dependents. [redacted] places the responsibility for determining these areas on the chiefs of the operating components in coordination with the D/MS. Some divisions have submitted lists of countries requiring medical examination; others have not. We believe that this omission can best be corrected by the D/MS assuming the responsibility for making this determination. 25X1A

It is recommended that: No. 13

The Deputy Director for Support amend [redacted] to place the responsibility for determining which geographic areas require dependent physical examinations on the Director of Medical Services. 25X1A

Recommendations by OMS relative to field sanitation have not always been implemented. During our survey we learned of a field installation where Agency personnel were living in unsanitary conditions. The Chief of the Field Support Staff and operating officials of the component concerned have taken steps to improve these conditions. The Chief of the Field Support Staff plans to recommend that OTR increase emphasis on field sanitation in certain training courses, and to have overseas doctors include comments on sanitary conditions in their monthly reports to headquarters.

The Field Support Staff operated without a full-time doctor from 1965 until the fall of 1967. The new chief plans to update operating instructions to doctors, and to improve the reporting system.

Next 4 Page(s) In Document Exempt

Approved For Release 2002/07/01 : CIA-RDP78-06180A000100070005-5

PSYCHOLOGICAL SERVICES

The Assessment and Evaluation (A&E) Staff is the Agency's largest and most important unit providing services in the field

25X1C

[redacted]

quite specialized. For years A&E was assigned to the Office of Training where, in addition to doing its normal day-to-day work, it conducted a running battle with OMS. In an effort to quell this conflict, A&E was attached to OMS in 1962. This organizational change undoubtedly helped to quiet things. However a somewhat artificial relationship between A&E and OMS resulted. With few exceptions, the psychologists assigned to A&E are taken up with matters which have little to do with the practice of medicine, including psychiatry. Yet a review of A&E suggests that there is probably no other office into which this staff could be integrated more fully than it is in OMS. Thus as a matter both of convenience and good management we suggest that A&E be left where it is.

Historically the primary responsibility of A&E has been the testing and assessment of personnel. Until recently professional applicants outside the Washington area were scheduled by the recruiters to take a batteryof tests administered on our

25X1A

[redacted]

In March and a new system of testing, partially conducted in the field and partially at headquarters, is being introduced. The results of the tests are recorded and analyzed by A&E psychologists and are included in the applicant's personnel file. Psychologists also interview about 10-15% of all Career Trainee applicants, sometimes jointly with members of the Office of Training. Some interviews are followed by a complete assessment of the applicant. A&E deserves a great deal of credit for developing, refining, and validating its screening tests for professionals. This essential task has been performed in a most competent manner; its value is recognized throughout the Agency.

The A&E Staff has also developed tests for clerical employees, and aptitude tests for language students, writers, programmers, and other specialists. Individual batteries of tests can be tailored to fit specific requirements. Individuals may be referred to A&E for testing by such bodies as the Applicant Review Panel, the Overseas Review Panel, the Career Service Boards and Panels, operating officials, and the Office of Personnel.

As the number of persons retiring from the Agency increases, general aptitude tests and vocational counseling designed to assist individuals in selecting a second career will play an increasingly important role in the work of the A&E Staff.

In addition to its assessment and evaluation activities, the staff has in the past engaged in a number of research programs. These include studies of the characteristics of a good [redacted] 25X1
and the effectiveness of programmed instruction; the evaluation of portions of the Managerial Grid Program; papers in support
25X1C of the [redacted] project and the [redacted]
25X1C Exploitation Study Group"; attitudinal surveys and studies on the effectiveness of organizational structure. The largest program currently under way is an evaluation of data on Career Trainees to determine criteria for predicting professional success. 25X1C

[redacted]

25X1C

[redacted]

One final suggestion. The A&E Staff might better be called the Psychological Services Division. Its work extends well beyond testing (A&E), and it is an operating element of OMS rather than a staff.

It is recommended that: No. 15

The Deputy Director for Support:

25X1

[redacted]

b. Instruct the Director of Medical Services to change the title of the Assessment and Evaluation Staff to the Psychological Services Division.